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	Und	ler the Paperwork Reduction A	et of 1995. To Terrors are re-	U.S. Percent			FTO/\$8/23 (10-00 1/2002, OMB 0691-003 MENT OF COMMERCI	
DET						Docket Nu	mber (Optional)	
PEI	TION	OR EXTENSION				N	B 2016.00	
ŀ			In re Application of	Ming Fal Cl				
			Application Number	00/01/,020		Filed	5/1/01	
			<del></del>	tam Antibiotics	) 			
			Group Art Unit	1624	Examiner	Berch	, Mark L.	
reply	in the ab	est under the provisi ove identified applic	ation.			r filing a		
The re (chec	equested k time pe	extension and appr priod desired):		entity fee are e	s follows			
		One month (37 (	CFR 1.17(a)(1))				\$	
	X	Two months (37	CFR 1.17(a)(2))				\$420.00	
		Three months (3	7 CFR 1.17(a)(3))				\$	
		Four months (37	CFR 1.17(a)(4))				\$	
		Five months (37	CFR 1.17(a)(5))				\$	
X	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown							
П	apove	is reduced by one-f	ialf, and the resulti	ng fee is: <b>210.</b> 0	30			
		check in the amount of the fee is enclosed.						
ח		ment by credit card. Form PTO-2038 is attached.						
u	applica	Commissioner has already been authorized to charge fees in this cation to a Deposit Account.						
<b>(2)</b>	or cred	ne Commissioner is hereby authorized to charge any fees which may be required, credit any overpayment, to Deposit Account Number 50-2518 referencing billing no 2023896-08382001.						
l am	the 🗀	applicant/inventor						
		assignee of recor Statement und	d of the entire inter ler 37 CFR 3.73(b)	est. See 37 C	FR 3.71. Form PTO/SE	3/96)		
	Z	attorney or agent	of record.	•		,.		
		attorney or agent Registration number if	under 37 CFR 1.34 acting under 37 CFR 1.34	‡(a). (a)	_			
WA	RNING:	Information on thi	s form may becom	ne public. Cr	edit card info	rmation:	should not	
Ne	Micialde	d on this form. Pr	ovide credit card	Information a	nd authoriza	tion on P	TO-2038.	
	May	14,2004 Pate		/	Putat si	the s	Man D	
	0	ete		4	CONTRACTOR STATE	gnature	e court	
	•			An	toinette F. Kor	•	No. 34,202)	
						(1.148		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Three will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Individual Control and Tredemark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Control shower for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

PA/92134096.1

'AGE 4114 \* RCVD AT 5/14/2004 8:04:40 PM [Eastern Dayligh! Time] \* SVR:USPTO-EFXRF-1/2 \* DNIS:8729306 \* CSID:6508494800 \* DURATION (mm-ss):04-16

forms are submitted.